TMA

Uniform Business Office

UBO Update

The New DD Form 2569

The New UBO Manual

Presented by the

UBO Program Support Team

Call in number: 1-866-866-2244

Participant Code 5260345#

Teleconference Goals

- Prepare you for the new DD Form 2569
  - Scheduled to become effective

    1 January 2007
- Give you a road map to the NEW UBO Manual
- Answer your questions!!!

DD Form 2569 – What is It?

- MTFs need information to be able to bill third-party insurers.
- Third-party insurers usually want verification of the services their subscriber received.
  - The 2569 is the answer.

Administrative Information

- All forms must be approved by the Office of Management and Budget.
- The current DD Form 2569 expires 31 December 2006.
- The new form is pending approval at OMB.

The Current Form - Basics

- http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2569.pdf

1. PATIENT NAME (Last, First, Middle Initial)
2. SSN 3. DATE OF BIRTH
4. MARITAL STATUS - SINGLE MARRIED DIVORCED/WIDOWED

5a. STREET ADDRESS (Include apartment number)
b. CITY c. STATE d. ZIP CODE

6. HOME TELEPHONE NO.
7. SPONSOR'S BRANCH OF SERVICE
8. SPONSOR FAMILY MEMBER PREFIX/SSN

9a. SPOUSE NAME (Last, First, Middle Initial)
b. SPOUSE'S EMPLOYER (Name, Address and Telephone No.)

10a. PATIENT'S EMPLOYER NAME b. TELEPHONE NUMBER
c. EMPLOYER ADDRESS (Include ZIP Code)

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The *Pending* Form - Basics

1. PATIENT NAME *(Last, First, Middle Initial)*
2. SSN 3. DATE OF BIRTH

4a. MAILING ADDRESS *(Include ZIP Code)*
  b. HOME TELEPHONE NO.

5a. FAMILY MEMBER PREFIX
  b. SPONSOR SSN

6a. PATIENT'S EMPLOYER'S NAME
  b. EMPLOYER TELEPHONE NUMBER

The Current Form – Injury Info

11. IS PATIENT'S CONDITION/APPOINTMENT RELATED TO AN ACCIDENT?

a. DATE OF INJURY/ACCIDENT (YYYYMMDD)

b. CITY AND STATE WHERE ACCIDENT OCCURRED

c. TYPE OF ACCIDENT - AUTO BOAT HOME AIRPLANE WORKERS' COMPENSATION SLIP & FALL OTHER

d. BRIEFLY DESCRIBE HOW INJURY/ACCIDENT OCCURRED

e. INSURANCE COMPANY NAME f. POLICY NUMBER

g. COMPANY ADDRESS (Include ZIP Code)

h. TELEPHONE NUMBER

i. NAME OF POLICY HOLDER/INSURED

j. CLAIM NUMBER

The *Pending* Form – No Injury Info

The new DD Form 2569 does NOT include injury information.

This information is now captured through the MAC Enhancement Tool.

The Current Form - Basics

14.a. PRIMARY MEDICAL INSURANCE COMPANY NAME

b. ADDRESS (Include ZIP code)

c. TELEPHONE NUMBER

d. IDENTIFICATION NUMBER/GROUP NUMBER

e. POLICY HOLDER'S NAME (Last, First, Middle Initial)

f. SSN

g. DATE OF BIRTH (YYYYMMDD)

h. POLICY HOLDER'S EMPLOYER NAME, ADDRESS AND TELEPHONE NO.

i. EFFECTIVE DATE OF POLICY (YYYYMMDD)

The *Pending* Form - Basics

BOTTOM LINE INFORMATION

7. DO YOU HAVE OTHER HEALTH INSURANCE? *(This includes employer health insurance benefits, other commercial health insurance coverage, and Medicare Supplement.)*

a. YES. *(Complete Item 8 and the remaining sections below.)*

b. NO, I am a DoD beneficiary and rely solely on TRICARE, Medicare, or Medicaid. *(Proceed to Item 12.)*

c. NO, but I am not a DoD beneficiary. *(Proceed to Item 11.)*

The *Pending* Form - Basics

8. PRIMARY MEDICAL INSURANCE INFORMATION. *If you have an insurance card that can be copied or scanned by the MTF representative, please provide it and proceed to Item 10; otherwise, please complete the blocks below.*

a. NAME OF POLICY HOLDER *(Last, First, Middle Initial)*

b. DATE OF BIRTH *(YYYY/MM/DD)*

c. RELATIONSHIP TO POLICY HOLDER

d. POLICY HOLDER'S EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER

e. INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER

f. CARD HOLDER ID g. POLICY ID h. GROUP POLICY ID

i. GROUP PLAN NAME j. ENROLLMENT/PLAN CODE k. INSURANCE TYPE

l. POLICY EFFECTIVE DATE m. POLICY END DATE

n. (1) PHARMACY (Rx) INSURANCE COMPANY NAME, ADDRESS, AND TEL NUMBER

(2) Rx POLICY ID (3) Rx BIN NUMBER (4) Rx PCN NUMBER

Other Differences

- Both forms ask for information about dependents.
  - The new form also asks for the dependent's relationship to the policy holder.

You must STILL have

each patient complete a

DD Form 2569.

Other Differences

Medicare?

Medicaid?

These questions are now near the end of the form.

Other Differences

New Certification Statement

12. CERTIFICATION, RELEASE, AND ASSIGNMENT

a. I certify that the information on this form is true and accurate to the best of my knowledge. Falsification of information is covered by Title 18, United States Code, Section 1001, which provides for a maximum fine of $250,000 or imprisonment for five years, or both.

b. I acknowledge that the authority to bill third party payers has been conveyed to the medical facility within the Department of Defense by Title 10, United States Code, Sections 1095 and 1079b, and that no personal entitlement to reimbursement or payment has been granted to me by virtue of this act.

c. NON-DoD PATIENTS: I authorize and request that the proceeds of any and all benefits be paid directly to the MTF for healthcare services provided me and/or my minor dependents. ACKNOWLEDGEMENT: I hereby agree to pay for any service not covered in whole or in part by my third-party insurer.

d. NON-DoD MEDICARE PATIENTS: I acknowledge I am responsible for full payment of any services not covered by Medicare, including but not limited to patient copayments and deductibles.

e. DoD BENEFICIARIES: I hereby acknowledge that the proceeds of any and all benefits shall be paid directly to the facility of the Uniformed Service for services provided me and/or my family member.

f. ALL PATIENTS: I authorize portions of my medical records necessary to support claims for reimbursement for the cost of care rendered to be released to my insurance carriers.

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Other Differences

Signature/Verification

15. ANNUAL PATIENT INSURANCE VERIFICATION

a. If any information on this form has changed, a new form must be completed and signed. Otherwise, after initial signature, verify with your initials and date at least annually.

b. I certify that the information on this form has been verified on the date(s) specified below, and that all information is true and accurate to the best of my knowledge.

2569 End Notes

- Goal – obtain the necessary information without increasing workload.
- You may now store this form electronically.

UBO Manual

- Manual was written in 1997.
- 2006 is the FIRST revision since 1997.
  - (http://www.dtic.mil/whs/directives/corres/pdf/601015m_110906/601015mp.pdf)
- The new Manual reflects changes in health policy over the past decade.

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UBO Manual

Major Changes

- Chapter 1 – now includes a description of the role of the Director of Defense Manpower Data Center
- Chapter 2 – WHOLE new chapter focusing on billing compliance!
  - Modeled after compliance guidance issued by the HHS Office of Inspector General

UBO Manual

- Chapter 3 – Greatly expanded to cover Medical Services Account activities
- Chapter 4 – Third-Party Collections
- Chapter 5 – Medical Affirmative Claims
- Chapter 6 – Charges for Medical Services
- Chapter 7 – Subsistence Charges
  - This is a NEW chapter.
  - It consolidates all of the information about subsistence.

UBO Manual

Appendices

- Copies of all relevant forms are included.
- Sample MSA letters.
- Flow chart for Worker's Compensation.
- Sample PATCAT

DD Form 2569 Summary

- You need the DD Form 2569 to be able to bill a third-party insurer.
  - In fact, the regulation states:

    A copy of the completed and signed DoD insurance declaration form will be provided to payers upon request, in lieu of a claimant's statement or coordination of benefits form.
- We need to get the information from patients as painlessly as possible.

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UBO Manual Summary

- After almost 10 years, the Manual has been updated.
- In this era of healthcare compliance, the new manual provides guidance on creating a compliance program in your billing office.
- Each chapter was reviewed by Service Subject Matter Experts.
- Let’s get ready to make CHANGES!

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Questions?

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Teleconference Evaluation

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UBO.Helpdesk@Altarum.org

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